

\_\_\_\_\_

(Assistant Examiner) (Date)  
*J. M.* 10/6/05  
 (Legal Instruments Examiner) (Date)

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47						
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	8			38			98			128			158	
	9			39			99			129			159	
	10			40			100			130			160	
	11			41			101			131			161	
	12			42			102			132			162	
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	24			54			114			144			174	
	25			55			115			145			175	
	26			56			116			146			176	
	27			57			117			147			177	
	28			58			118			148			178	
	29			59			119			149			179	
	30			60			120			150			180	